MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 78/800 008   FILING DATE

APPLICANT(S)

7/88/18   9/6/16   CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2				1		1	52						
3				2	1	2	53						
4			1		1		54						
5						1	55						
6			1		1		56						
7				1		1	57						
8				1			58						
9				3		3	59						
10						1	60						
11				1		1	61						
12			1			1	62						
13						1	63						
14						1	64						
15						1	65						
16						1	66						
17							67						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9		3		TOTAL IND.						
TOTAL DEP.			12		16		TOTAL DEP.						
TOTAL CLAIMS					19		TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS